

## SCLC: Surgery

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### Our experience of surgical treatment of small-cell lung cancer

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**Objective:** to analyse the follow-up results of treatment of small-cell lung cancer (SCLC) during period 1980-2005 years. There are many controversies about the surgical treatment of SCLC. On the other hand, other authors report a survival of 33% of five years in the first stage of the disease.

**Materials and Methods:** In Thoracic Clinic of Institute of Oncology Vilnius University 2640 patients (pts) with lung cancer were treated surgically in the course of 1980-2005 years. In 220 cases small-cell lung cancer was diagnosed. The distribution of pts according to TNM classification were: 6 pts had T1N0M0, 36pts- T2N0M0, 10pts - T3N0M0, 48pts - T1-2N1M0, 12pts - T3N1M0, 60pts - T1,2N2M0, 5 pts- T4N1M0, 28pts - T4N2M0, in 15 pts distant metastases were detected after operation. The most common operation was lobectomy which have performed 79 pts, pneumonectomy - 55, bilobectomy -26, segmentectomy, wedge resection-6 and in 54 cases was performed only explorative thoracotomy. In 4 cases tumor was removed during VATS surgery. 177 pts have received additional treatment (chemotherapy, radiotherapy), before surgery 50 pts and after operation -129. Some pts have received both methods of conservative treatment

The satisfactory results were received in early stages of the disease, who were underwent lobectomy and received adjuvant therapy: median survival was 35.6 months. The pts after pneumonectomy lived 22.2 months.

### Conclusions:

1. The surgical treatment could perform only in cases of early stages (I-II) of small-cell lung cancer.
2. After operation intensive adjuvant chemotherapy(5-6 cycles) must be used in all cases (N0 and N+). The pts with N2 after chemotherapy must be treated with radiotherapy.
3. The staging of the tumor before surgery during surgical intervention is most important factor for suitable treatment of pts with small-cell lung cancer

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### Exploration of multidisciplinary therapy including surgery in Limited Disease (LD) stage small cell lung cancer (SCLC): a clinical report of 122 cases from single institute

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**Background:** Small cell lung cancer (SCLC) is a systemic disease which is rarely cured with surgical resection. At present, Surgery alone for SCLC is no longer used as standard therapy; standard management of SCLC has included chemotherapy or chemotherapy combined with irradiation. The role of surgery remains uncertain. However, Several studies revealed that surgery could improved outcome of Limited disease SCLC.

**Methods:** To explore the survival outcome of LD SCLC treated with multidisciplinary therapy including surgery. Patients with LD stage SCLC treated with multidisciplinary therapy including surgery were reviewed retrospectively.

**Results:** Between Jan 1999 and Dec 2004, 122 patients(pts) SCLC treated with multidisciplinary therapy including surgery: male 98, female 23; median age 57(32-81); Pneumonectomy 40 pts, lobectomy 97 pts and limited resection 3 pts; R0 resection 96 pts, R1 resection 16 pts and palliative resection 11 pts. Postoperative stage: stage IA 4 pts, stage IB 25 pts, stage IIB 25, stage IIIA 52 pts and stage IIIB 16 pts. Two pts died within 1 month after operation, 4 pts treated with surgery alone, 2 only received surgery and postoperative radiation, 3 pts received chemotherapy followed by surgery and postoperative chemotherapy (CT+S+CT), 92 pts surgery followed by postoperative chemotherapy, and 19 received surgery followed by combined chemoradiation. Median survival time (MST) of overall patients is 38 months, the 1-,3-,5 year survival rate was 83.6%, 50.0%, and 38.0%, respectively. For 4 pts treated surgery alone, survival time was 13,13.5, 60+ and 71+ months respectively, survival time of pts treated with postoperative radiation alone were 10 and 40+ months, the survival time of pts treated with CT+S+CT was 7.7, 47 and 26+ months. For 92 pts received postoperative chemotherapy and 19 patients received postoperative chemoradiotherapy, the MST was 40.6 months and 28 months, 5 year survival rate was 38.2% and 40.5%, respectively. According to TNM stage system, the MST of stage IA and IB were not reached, for stage IIB, IIIA and IIIB was 52 months, 22 months and 13 months (P=0.007), respectively.

**Conclusion:** Our data showed that LD stage SCLC treated with multidisciplinary therapy had better survival time, and surgery may play more important role in the management of LD stage SCLC.

## Supportive Care/QOL

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### A message of hope: creation of the Faces of Lung Cancer Project for increasing awareness of clinical trials

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**Objective:** In 2002, the Thoracic Oncology Advocacy Program at H. Lee Moffitt Cancer Center and Research Institute was created with a mission to contribute to the prevention and cure of lung cancer by embracing the patient perspective. In an effort to increase awareness of clinical trials and to humanize the clinical trial process, members of the